

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90085 018 ****50.00

DOCUMENT # L05000063778					
1. Entity Name LEBA INVESTMENTS, L.L.C.					
Principal Place of Business 2716 FORSYTH ROAD WINTER PARK, FL 32792			Mailing Address 2716 FORSYTH ROAD WINTER PARK, FL 32792		
2. Principal Place of Business 8618 CRESTGATE CR Suite, Apt. #, etc.		3. Mailing Address 8618 CRESTGATE CR Suite, Apt. #, etc.			
City & State ORLANDO, FL Zip 32819 Country USA		City & State ORL FL Zip 32819 Country USA		4. FEI Number 061750837	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent RAAD, RAAD H 2716 FORSYTH ROAD WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name: MAT T. RAAD Street Address (P.O. Box Number is Not Acceptable): 8618 CRESTGATE CR City: ORLANDO FL Zip Code: 32819		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> RAAD H. RAAD/Hgr DATE: 4/20/06 <small>(NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAAD, RAAD H 2716 FORSYTH ROAD WINTER PARK, FL 32792				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAAD, RAAD H 8618 CRESTGATE CR ORL FL 32819				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAT T. RAAD 8618 CRESTGATE CR, ORL FL 32819				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> RAAD H. RAAD/Hgr DATE: 4/20/06 DAYTIME PHONE: 4073542126 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					